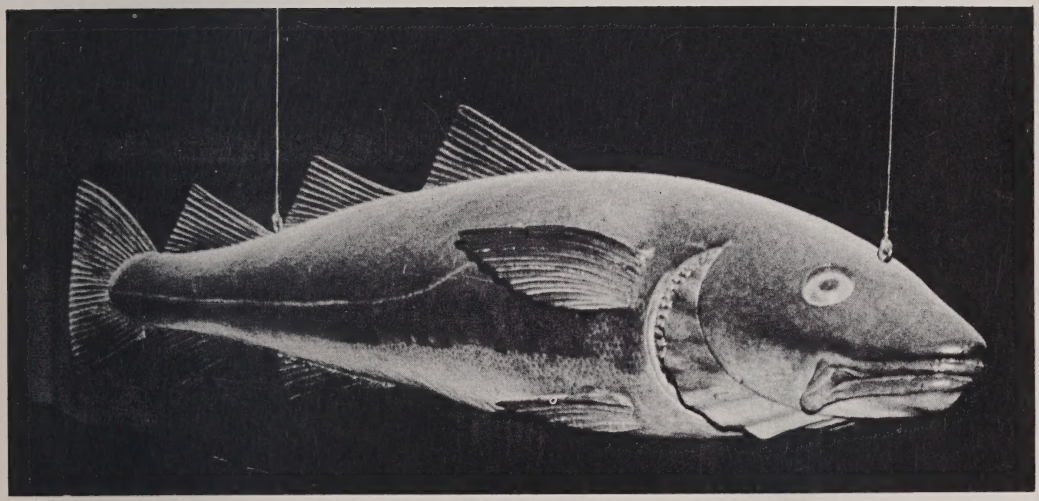
The Hampden Hippocrat

February 1972



LEGISLATIVE ISSUE

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Telephone: 736-0661

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THE HAMPDEN HIPPOCRAT

A bulletin for
The Hampden District of
The Massachusetts
Medical Society

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HAPPY NEW YEAR

by
JAMES D. ALLAN, M.D.
HDMS LEGISLATIVE COUNCILOR

A short time ago we all said "Happy New Year" to our friends and relatives, but the prospects for the medical profession seem clouded and dark. Before us we have the insidious legislative encroachment of chiropractic, which may soon be included under your own Blue Shield-Blue Cross plan; the new Generic Drug Law, which intimates lower prices for your patient's medications, but affords absolutely no control over the quality or physiological effectiveness of the prescription dispensed. Your local and state committees opposed these bills by all the means available. Do you know why we were defeated? Too few physicians wrote or contacted their legislators to oppose these bills, and too few physicians ever supported their legislators in election campaigns. Rather foolish, isn't it? The members of the General Court demand the benefit of our informed opinion, as well as our support as citizens, when they attempt to gain a position among the lawmakers. Ridiculous! Who ever heard of a physician coming out of his ivory tower to involve himself in the creation of good health legislation? Admittedly, there have been a few respected physicians over the years who have succeeded in changing the course of government, but today we need numbers. We need all the voices who swore an oath when the green robes of medicine were conferred upon them by their peers.

As viewed by the legislators, many pieces of legislation seem to have superficial merit, but careful dissection reveals the poor quality of the underlying tissues. Therefore, it is our duty to point out the flaws and, hopefully, to be emphatic by way of letters and direct communication. This we have said over and over again, but somehow we fail to impress our membership with its importance.

Your local and state committees have presented and will continue to present your views as forcefully as possible, but individual contact is very important in this State, as well as others. May I suggest "The Confessions of a Lobbyist" by David M. Kinzer (available from Massachusetts Medical Society) for your leisure reading. This discourse will enlighten you as to the problems which face us in getting our message across.

IN THE OFFING

During the year of 1972 various party platforms and the media will focus intense attention on the delivery of medical care and the so-called "crisis in medicine in America". May I boldly suggest that you follow the *American Medical News* for additional information. If you don't belong to the AMA at this point in our history, as well as your own professional career, then I submit that you are sadly mistaken and are to be pitied. At the very least, you should avail yourself of all the information and opinions concerning matters of health legislation.

The training, certification and use of physicians' assistants have become important to lawmakers who frequently fail to ask our opinion before writing laws. May I suggest that you read Mr. Spencer's article in the January issue to *The Massachusetts Physician.*

Although I hate using the broken, cloudy and distorted crystal ball of my residency days, it predicts that the only NHI bill which is likely to pass either at a state or federal level concerns "catastrophic illnesses coverage", which is long overdue. This concept is supported by the AMA and AMPAC, along with powerful forces on the political scene. Thus, we may finally see an end to the unfair situation where a hard-working and conscientious individual who happens to incur a totally disabling and eventually fatal illness remains helpless while his life's work "goes down the drain" before any help is available from our paternal government.

Full socialization of medicine may never come – it is up to you – but the battle will shape up after the '72 elections. If I read the signs correctly, we may find certain physicians who are in an employed status supporting those in favor of governmental control of medicine. But the popular cause, not logic, will win. Both sides will have "facts"; it will depend upon how they are presented and which side has the political advantage.

Regardless of the divergency of opinions which may arise, it is essential that we, as physicians, remember that our unified dedication is to deliver the best medical care possible, no matter what socio-economic whirlwinds surround us. Our profession has the experience, gleaned over thousands of years, using present scientific knowledge, analyzing the feasibility of success and the realization that no other organization, whether it be a government or some newly-created organization, has the capability of accomplishing this task. And now my crystal ball is a total ruin, so I will conjure no more of the vague future which will effect us all.

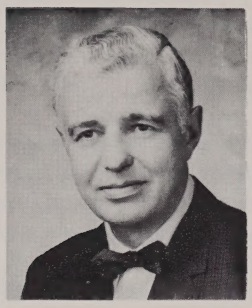
In this issue you will find a brief resume of the latest batch of bills before the General Court. I suspect that legislation effecting your practice will increase both in frequency and amplitude until you wish you had never entered the profession of medicine. It has been said of our General Court that it is "of the lawyers, by the lawyers and for the lawyers". This may not be far from the truth, but we are still a democracy and, if we don't wish to be led like sheep, then it is time we acted like responsible, informed citizens. Let's make our views known through the ballot box, expressions to friends and legislators, letters on specific issues and financial support for campaigns.

COVER: – THE SACRED COD IN THE STATE HOUSE*

What would Boston and Massachusetts have been without the prolific cod? It furnished the Puritans with food when they had little else. Salted or dried it was their first export and for a long period of time their only source of outside revenue from trade up and down the coast. Cod started the shipyards for small fishing craft first, then larger boats for cargo delivery along the coast, and later larger ships for trade with the West Indies and Western Europe. In the "three-cornered trade", Boston ships carried salt cod to the West Indies and traded there for sugar, molasses, tobacco, or other island products which were then carried to England, France, or Spain for trade with goods in high demand back home. When Boston developed its great distilleries, the "three-cornered trade" was reversed with rum being carried to Africa in exchange for ivory, gold dust, mahogany, and slaves. From there, the next ports of call were in the West Indies, where the slaves were traded for molasses – the basic ingredient for rum – and then back to Boston and the generation of the "codfish aristocracy".

Realizing the debt of gratitude that the town owed to this noble fish, John Rowe, a member of the House of Representatives, proposed on March 17, 1748, that "leave might be given to hang up a representation of a Cod Fish in the room where the House sits as a memorial of the importance of the Cod Fishery to the welfare of the nation." His motion was heartily approved and a large wooden cod was carved and installed. Ever since the original and even a possible successor has patiently hung beneath the ceiling of the House in both the old and the new State Houses witnessing an unending procession of historical events to say nothing of withstanding surging waves of oratory and roaring storms of debate. It has even suffered the ignominy of kidnapping, but always it has returned or been returned to remind us of our heritage – good and bad. Long live the Sacred Cod!

* Weston, George F., Jr., *Boston Ways – High, By, and Folk.* Revised Edition. Beacon Press, Boston. Pages 239-241.



President's Page

GET INVOLVED

In his address to the House of Delegates of the American Medical Association at the latter's Convention last June, President Nixon stated in effect that physicians had better get involved in politics or there would be no medicine for us to practice. This is a timely piece of advice and we must act. The rapidity of legislation relative to medicine being enacted is overwhelming. Invariably such acts are sponsored and pushed by citizens who mean well but who are not too well informed in medical matters. This is true both in state as well as national levels. The legislative requirement that we list the names of generic drugs along with, if we wish, proprietary drugs is an example of the state legislation; posting on a 20" x 28" placard of our medical and surgical fees for the "public", not necessarily our own patients, to inspect is an example of governmental fiat on a national level. It is up to us individually and collectively to buttonhole our legislators for the purpose of exchanging ideas. Surprising as that may seem to you, legislators are good listeners. With proper arguments they can be influenced by us. Let's try it! We may like it!

John J. Bandeian

John J. Bandeian, M.D.

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LEGISLATIVE HOPPER

The following are some of the bills under consideration this year in the General Court of Mass. The number of the bill, a brief description thereof, and the recommendations made by the MMS Legislative Committee are given. For more information, Dr. James D. Allan, Chairman of the HDMS Legislative Committee or the Society's office should be contacted.

SUPPORT

S 472 – Relative to the protection of certain children who have been injured, maltreated or abused. (Sen. Bulger) Judiciary.

Any physician treating such a child under 16 years shall have the right to keep the child in his custody but must immediately communicate by any means available, including the telephone, with the presiding judge of the district or juvenile court of the judicial district in which it is located to receive permission to keep such child. Concurrently, the physician shall notify the Department of Public Welfare of his action with regard to due process. The physician's custody shall cover to the next court hearing day. During this interim period, if placement of the child appears to be needed, it shall be done by the Department of Public Welfare.

S 536 – Extending the exemption from civil liability for emergency care or treatment to citizens. (Chayet) Judiciary.

(a) No physician duly registered under the provisions of section two or two A and no nurse duly registered or licensed under the provisions of section seventy-four, seventy-four A or seventy-six, or resident in another state, in the District of Columbia or in a province of Canada, and duly registered therein who, in good faith, as a volunteer and without fee, renders emergency care or treatment, other than in the ordinary course of his practice, shall be liable in a suit for damages as a result of his acts or omissions, nor shall he be liable to a hospital for its expenses if, under such emergency conditions, he orders a person hospitalized or causes his admission.

(b) Any person who knows that another is exposed to serious physical harm shall give reasonable assistance or care to the exposed person to the extent that such assistance or care is not being provided by others, provided that such care or assistance can be rendered without danger or peril to himself or without interference with important duties owed to others.

(c) Any person who in good faith provides care or assistance in accordance with paragraph (b) shall not be liable in a suit for damages as a result of his act or omissions.

(d) In the event that a person, because of danger or peril to himself, or important duties owed to others, does

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not directly provide such care or assistance, he shall summon assistance for said exposed person.

S 629 – (and others) – To reduce highway fatalities and injuries by strengthening the standards for determining intoxication. (Locke) Public Safety.

Note: Present levels: "five one hundredths but less than fifteen one hundredths", no presumption of operating under the influence of intoxicating liquor. "Fifteen one hundredths or more, presumption. Proposal above would be in conformity with National Highway Safety Acts of 1966 with which states must comply, or eventually sustain a loss in Federal Highway Funds. Society supported in 1971.

S 862 – Relative to the payment of medical and dental consultants in state hospitals and other state institutions. (Hammond) Social Welfare.

H 112 – To establish an approving authority for schools of medical laboratory technologists and approving authority for schools of medical x-ray technicians. (Board of Registration in Medicine) Social Welfare.

H 109 – Granting the Board of Registration in Medicine the use of expert advice and assistance in devising and conducting examinations (Board of Registration in Medicine.) Social Welfare.

H 149 – Authorizing selectmen to appoint boards of health. (Mass. Dept. of Public Health) Local Affairs.

H 157 – Requiring analysis of blood samples in cases of motor vehicle fatalities. (Mass. Dept. of Public Safety) Public Safety.

H 294 – Requiring that chiropractic schools be approved by a nationally recognized approving authority. (Mass. Medical Society) Education.

H 354 – Re: the practice of nursing. Note: To relieve nurse from liability re cardiac arrest cases. (Mass. Medical Society) Judiciary.

On May 20, 1970 the Council voted:

RESOLVED, That the officers of the Mass. Medical Society, working with legal counsel, investigate the state laws and take any measures necessary to insure that adequate legal safeguards exist for the professional nurse in the performance of her duties in the Coronary Care Unit or other special units.

H 355 – Granting immunity from damages to certain members of medical committees for official actions taken on behalf of said committee. (Mass. Medical Society) Judiciary.

No member of a professional society or of a duly appointed committee thereof, or a duly appointed member of a committee of a medical staff of a licensed hospital shall be liable in a suit for damages as a result of his acts, omissions or proceedings undertaken or performed within the scope of his duties as such committee member; provided that he acts in good faith and in the reasonable belief that based on all of the facts the action or inaction on his part was warranted.

For the purposes of this section "Professional Society" shall mean a

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society having as members persons who are licensed or admitted to practice in the field of law, medicine, psychiatry or psychology, dentistry, accounting, engineering or architecture.

H 431 – Re: to the dangers of x-rays and setting regulations for same. (Mass. Medical Society) Social Welfare.

H 432 – To ensure high quality ambulance emergency medical care. (Mass. Medical Society) Social Welfare.

Presently there are regulations concerning ambulances that pertain only to sanitation and equipment. There are no regulations regarding safety, personnel, and personnel qualifications and training.

The legislation to be filed would allow the Dept. of Public Health to regulate ambulance services, ambulances, ambulance personnel and courses of instruction. It would establish a broad based emergency care advisory board which will advise and assist in the coordination of all public and private agencies and individuals concerned with rendering emergency medical care. The board would be composed of the Registrar of Motor Vehicles, the Commissioner of Public Welfare, the Commissioner of Public Safety and fourteen, including representatives of various specialty organizations, to be appointed by the Commissioner of Public Health. One appointee would be designated by the Mass. Medical Society.

H 651 – Repealing the law regulating the use of contraceptives and family planning. (Messrs. Masnik et al.) Social Welfare.

H 826 – To relocate the administration of medical assistance programs to the Mass. Department of Public Health. (Liederman et al.) Social Welfare.

H 1177 – To establish a medical advisory board for the Registry of Motor Vehicles. (Richard E. McLaughlin & Rep. Bertonazzi and also Mass. Medical Society.) Public Safety.

For the purpose of enabling the registrar properly to perform the duties imposed upon him relative to the licensing of persons to operate motor vehicles, the registrar may in consultation with the Commissioner of Public Health appoint a medical advisory board consisting of qualified doctors of medicine licensed to practice within the Commonwealth, not to exceed fifteen in number, not including the Commissioner of Public Health or his designee, who shall serve as chairman of the said board. The members of the said board, except the Commissioner of Public Health, shall serve at the pleasure of the Registrar. The Registrar may refer to said board for advisory opinions on standards of fitness for applicants for learner's permits of licenses to operate motor vehicles, and, in addition, for advisory opinions on the applications of persons who apply for learner's permits or licenses to operate motor vehicles or whose right to operate has been suspended or revoked, or whenever the registrar has reason to believe that the operation of a motor vehicle by such persons upon any way or in any place to which members of the public have access as invitees or licensees would be inimical to the safety and welfare of the public because of physical or mental disability. The board shall meet at the call of the Commissioner of Public Health at such times and places as he may select, but he shall convene the board at

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the request of the Registrar.

H 1406 – Providing for additional members on the rate setting commission. (Farrell) Social Welfare. (Note: Would increase board membership to include each major provider of health services.)

H 1407 – To increase the membership of the Mass. Public Health Council to include major providers of health services. (Rep. Farrell) Social Welfare.

OPPOSE

S 883 – Requiring females over the age of twenty-five to submit to cervical cytology test prior to her discharge from any hospital. (Sen. McKinnon) Social Welfare.

H 306 – Forbidding state subsidies to certain medical schools. (Rep. Serlin) Education.

H 1422 – To provide for plans for delivering health care to welfare recipients. (Kendall) Social Welfare.

This bill reads: Section 1. The Secretary of Human Services shall formulate plans for contracting with third party insuring agents for the delivery of health care to welfare recipients. These plans shall include the utilization of local medical foundations or other medical associations as the agency to deliver health services. The plans shall be completed and available by December 31, 1972.

H 1580 – Requiring medical reports on certain persons to be made to the Registrar of Motor Vehicles. (Mass. Division of AAA & Rep. Babb.)

H 1722 – To require a medical service corporation to pay for medical, visual and surgical services rendered by participating physicians, podiatrists and optometrists to its subscribers and to their dependents and not to exclude the services of a participating physician who performs covered service within the scope of their license. (Connolly & Carney) Insurance.

H 1723 – To modify the definition of "participating physician" to include podiatrist and chiropractor. (Connolly & Carney) Insurance.

THE NEXT MEETING of the SPRINGFIELD ACADEMY

will be held on
TUESDAY, MARCH 14, 1972

SPEAKER: Bernard Lytton, M.D., F.R.C.S.
Professor and Chief
Department of Surgery – Section of Urology
Yale-New Haven Medical Center

TOPIC: "Current Status of Renal Transplantation and Chronic Long Term Hemodialysis".

PROGRAM:			
	Clinic	Wesson Memorial Hospital	5:00 P.M.
	Cocktails	Storrowton Tavern	6:30 P.M.
	Dinner		7:00 P.M.
	Lecture		8:00 P.M.

RESERVATIONS: Dinner reservations may be made by calling Mrs. Lund at 734-5445 before Friday, March 10th.

SPEAK YOUR PIECE

As your legislative representatives ponder the thousands of bills which are to be voted on, you can help them to serve you better if you would make your views, recommendations, and comments known to them. Even though a vis-a-vis, personal meeting with your representative is the most effective approach, a well thought out personal letter is the next best way of making your comments welcome. To increase the effectiveness of your letter, observe the following:

1. Be specific and brief;
2. Be friendly and courteous;
3. Be straightforward and sincere, stating particularly how the proposed legislation will affect your community and you;
4. Do not follow form letters or use carbon copies, write each personally and individually stating your own ideas in your own words;
5. Request proper action and ask for an answer;
6. Be appreciative by acknowledging good votes and action;
7. Sign your letters legibly and always include your address.

When writing your legislative representatives, your letters may be directed to their offices. Below is a listing of the areas they represent and where they may be reached.

CONGRESS OF THE UNITED STATES

Senators

Edward W. Brooke, (R)
Senate Office Building
Washington, D.C. 20510

Edward M. Kennedy (D)
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Congressmen

First District-Silvio O. Conte (R)
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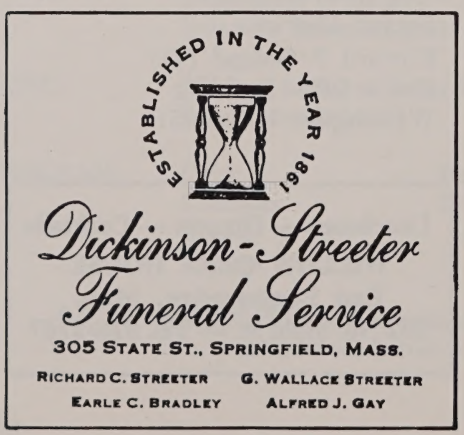
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LEGISLATIVE BOX SCORE

The March, 1971, issue of *The Hampden Hippocrat* (pages 6-9) carried a listing of bills introduced into the General Court of Mass. on which the MMS's Committee on National and State Legislation took a stand. The following is a compilation, as reported by this committee, of what happened to these various bills as they progressed through the legislative mill. The listing states MMS's position, a brief description of the bill, and the General Court's action in regard thereto by the following key – (F) failed to pass, (E) enacted, (S) referred for further study.

SUPPORT

S 647 – To facilitate establishment of eligibility for health care benefits.

This protects physicians and hospitals (or their agents) from libel, etc., for providing information re diagnosis, treatment or condition to state departments and bureaus which, by law, require such information to determine eligibility of persons for health care benefits. (E) Chapter 355.

S 1019 – Relative to the duties of the drug formulary commission.

This would have removed the responsibility of deciding what generic drugs are therapeutically equivalent to brand name counterparts from the Formulary Commission and places the responsibility on the FDA. (F)

H 144 – Abolishing the approving authority for colleges and medical schools and permitting the endorsement registration of certain officers of the Armed Forces and of the Public Health Service and certain foreign medical graduates. (E) Chapter 662.

H 145 – Clarifying the type of registration to be issued to certain physicians.

Clarifies "limited registration for the practice of medicine" for interns, residents, fellows, medical officers; and "temporary", which is given to visiting M.D.'s. (E) Chapter 109.

H 146 – Granting to the Board of Registration in Medicine the use of expert advice and assistance in devising and conducting examinations. (F)

H 190 – To establish a Massachusetts Poison Information Center in the Department of Public Health. (E) Chapter 653.

H 192 – Encouraging the care of handicapped children and providing for payment of such care. (F)

H 193 – To establish an immunization program to prevent a serious disease of the newborn, erythroblastosis fetalis. (E) Chapter 539.

H 198 – Relating to the licensing of clinical laboratories. (F)

H 199 – To insure high quality ambulance emergency medical care. (F)

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H 212 – To waive the conflict of interest law under certain circumstances for medical consultants to state operated hospitals. (F)

H 227 – Lowering the Prima Facie level of presumption of operating under the influence of intoxicating liquor to ten one hundredths of the percentage, by weight, of alcohol in the defendant's blood. (F)

H 230 – Requiring analysis of blood samples or other biological specimens in cases of motor vehicle fatalities. (F)

H 321 – Establishing the Uniform Anatomical Gift Act. (E) Chapter 653.

H 401 – Granting immunity from damages to certain members of medical committees for official actions taken on behalf of the said committee. (F)

H 465, 467, 468 – Society bills re chiropractic. (F)

H 1160 – Abolishing charitable immunity as a defense. (E) Chapter 785.

H 1932 – To establish a medical advisory board for the Registry of Motor Vehicles. (F)

H 2914 – Providing that certain minors may give consent to the provision of medical, dental, or other health care and providing for emergency health care procedures. (F)

OPPOSE

S 280 – Amending the professional corporation law. The Committee opposed this bill as written. It was rewritten and supported. (E) Chapter 259.

S 554 – Establishing a Board of Registration of Psychologists. (E) Chapter 1021.

S 1026 – Resolve providing for an investigation and study by a special commission relative to the feasibility of establishing a medical disciplinary board in the Commonwealth. (F)

H 364 – Providing that at least fifteen percent of medical schools membership within the Commonwealth shall be composed of Black students. (F)

H 470 – Providing that minors twelve years of age or older may give their consent to the furnishing of hospital and medical care. (F)

H 474 – Providing that the membership of certain boards and commissions shall have at least one non-professional or lay person. (E)

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H 1145 – Requiring the Commissioner of Insurance to establish a system of hospital, surgical and medical insurance for residents of the Commonwealth. (F)

H 1640 – Requiring physicians, hospitals, dispensaries and clinics to report out of wedlock pregnancies of any child under the age of eighteen years to the director of the Division of Child Guardianship in the Department of Public Health. (F)

H 1734 – Permitting treatment of minors for drug addiction without parental consent. (S) Chapter 22, Resolves.

H 2495 – Relative to no unlicensed nursing personnel administering any medication of any form at any time for any reason unless he has completed a course in medication to the satisfaction of the qualified nursing instructor. (F)

H 2586 – Authorizing a five year course for high school graduates at the University of Massachusetts Medical School. (F)

CONSIDERED

H 195 – Permitting the practice of nurse mid-wifery. (F)

H 656 – Prohibiting the use of commercially purchased human blood for transfusions in hospitals. (F)

H 837 – Providing the testing of human blood for serum hepatitis before transfusions. (F)

H 6428 – Regulation of Drugs and Controlled Substances. (E) Chapter 1071.

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ATTENTION COMMITTEE CHAIRMEN!

Committee reports that are purely informational in character need not be presented at the Annual Meeting. Instead, they will be published in the April issue of the *Hippocrat.*

The only requirements are: (1) that the report not exceed 300 words and (2) that the original report and a copy reach the Society's headquarters not later than March 1. A copy of the report is necessary for printing in the *Hippocrat.*

Reports containing "recommendations" will have to be presented at the Annual Meeting.

Chairmen of sub-committees are not expected to present reports at the Annual Meeting; rather, they are to report to their respective parent committees.

Your cooperation is urgently requested.

Setrag A. Zacarian, M.D.

Setrag A. Zacarian, M.D., Secretary

One Man's Opinion . . .

H. L. MENCKEN AND THE CHIROPRACTER

". . . the teachers, research workers and practitioners of medicine reject the so-called principle on which chiropractic is based and correctly and bluntly label it a fraud and hoax on the human race . . ."

– Milton Helpern, M.D.
Chief Medical Examiner
of the City of New York.

Shortly after the passage of the Chiropractic Act in 1966, one of our State legislators was asked why he voted in favor of it. His reply was somewhat as follows:

"I don't know much about chiropractic, but I received more mail for it than against it!"

A more plausible explanation, in the opinion of many, is that of political expediency, but, even if taken at face value, our legislator's reply presents a good case for public education. Not that it hasn't been tried in the past but apparently not forcefully enough to be effective. Even now there are many people who confuse chiropractic with chiropody, osteopathy, physiotherapy and, alas, also with the specialty of orthopedics.

Although chiropractic is now the law of the Commonwealth, the fight, it should be stressed, is far from over. On the one hand, the chiropractors are constantly trying to expand their coverage privileges to include Medicare, Medicaid, Blue Shield and other health insurance programs.

On the other hand, our Society has vigorously opposed such inclusions, and also has been trying energetically to rescind altogether the action taken by the Legislature five years ago. Our most immediate goal, however, is to curtail some of the chiropractor's current permissive practices. A good example is the x-ray apparatus which, in the hands of the untutored and unskilled, as we all know, can be very detrimental to the health of the public.

Supporting our views on chiropractic are such notable organizations as HEW, the AFL-CIO, the National Senior Citizens Council, the AMA, and the American Public Health Association.

The AMA office has distributed reams of published material exposing the hoax and menace of chiropractic. The MMS only recently distributed three publications worthy of our attention: (1) a pamphlet entitled "Why the MMS Opposes Chiropractic;" (2) a 179-page book by Ralph Lee Smith, "At Your Own Risk, the Case Against Chiropractic;" and (3) a *Reader's Digest* reprint (July, 1971) "Should Chiropractors Be Paid With Your Tax Dollars".

MR. MENCKEN'S OPINION

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Warnings: Do not use dietary potassium supplements or potassium salts unless hypokalemia develops or dietary potassium intake is markedly impaired. Enteric-coated potassium salts may cause small bowel stenosis with or without ulceration. Hyperkalemia (>5.4 mEq/L) has been reported in 4% of patients under 60 years, in 12% of patients over 60 years, and in less than 8% of patients overall. Rarely, cases have been associated with cardiac irregularities. Accordingly, **check serum potassium during therapy, particularly in patients with suspected or confirmed renal insufficiency (e.g., certain elderly or diabetics). If hyperkalemia develops, substitute a thiazide alone. If spironolactone is used concomitantly with 'Dyazide', check serum potassium frequently** —they can both cause potassium retention and sometimes hyperkalemia. Two deaths have been reported in patients on such combined therapy (in one, recommended dosage was exceeded; in the other, serum electrolytes were not properly monitored). Observe regularly for possible blood dyscrasias, liver damage or other idiosyncratic reactions. Blood dyscrasias have been reported in patients receiving Dyrenium (triamterene, SK&F). Rarely, leukopenia, thrombocytopenia, agranulocytosis, and aplastic anemia have been reported with the thiazides. Watch for signs of impending coma in acutely ill cirrhotics. Thiazides are reported to cross the placental barrier and appear in breast milk. This may result in fetal or neonatal hyperbilirubinemia, thrombocytopenia, altered carbohydrate metabolism and possibly other adverse reactions that have occurred in the adult. When used during pregnancy or in women who might bear children, weigh potential benefits against possible hazards to fetus.

Precautions: Do periodic serum electrolyte and BUN determinations. Do periodic hematologic studies in cirrhotics with splenomegaly. Antihypertensive effects may be enhanced in postsympathectomy patients. The following may occur: hyperuricemia and gout, reversible nitrogen retention, decreasing alkali reserve with possible metabolic acidosis, hyperglycemia and glycosuria (diabetic insulin requirements may be altered), digitalis intoxication (in hypokalemia). Use cautiously in surgical patients. Concomitant use with antihypertensive agents may result in an additive hypotensive effect.

Adverse Reactions: Muscle cramps, weakness, dizziness, headache, dry mouth; anaphylaxis; rash, urticaria, photosensitivity, purpura, other dermatological conditions; nausea and vomiting (may indicate electrolyte imbalance), diarrhea, constipation, other gastrointestinal disturbances. Rarely, necrotizing vasculitis, paresthesias, icterus, pancreatitis, and xanthopsia have occurred with thiazides alone.

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eloquent, indictment of chiropractic by a layman to come to our attention, appeared in the *Baltimore Evening Sun* of December, 1924. It was written by Henry L. Mencken, often referred to as the "prince of journalism of the twentieth century." The item, entitled "Chiropractic", was included some thirty years later in a Mencken anthology edited by Alistair Cooke.* Here are a few quotations:

"This preposterous quackery flourishes lushly in the back reaches of the Republic, and begins to conquer the less civilized folk of the big cities. As the old-time family doctor dies out in the country towns, with no competent successor willing to take over his dismal business, he is followed by some hearty blacksmith or ice-wagon driver, turned into a chiropractor in six months, often by correspondence ... The mormons who pour in from the prairies and deserts, most of them ailing, ... give to the chiropractic pathology the same high respect that they accord to the theology of the town sorcerers. That pathology is grounded upon the doctrine that all human ills are caused by the pressure of misplaced vertebrae upon the nerves which come out of the spinal cord – in other words, that every disease is the result of a pinch. This, plainly enough, is buncombe. The chiropractic therapeutics rest upon the doctrine that the way to get rid of such pinches is to climb upon a table and submit to a heroic pummeling by a retired piano-mover. This, obviously, is buncombe doubly damned."

One page later, a portion of a paragraph reads:

"Today the backwoods swarm with chiropractors, and in most States they have been able to exert enough pressure on the rural politicians to get themselves licensed. Any lout with strong hands and arms is perfectly equipped to become a chiropractor. No education beyond the elements is necessary. The takings are often high, and so the profession has attracted thousands of recruits – retired baseball players, work-weary plumbers, truck-drivers, longshoremen, bogus dentists, dubious preachers, cashiered school superintendents."

What a splendid addition Mr. Mencken's editorial would make to the reading material in our waiting rooms!

Millman

* Mencken, Vintage Books, Inc., N.Y. 1955, PP 148-53.

YOUR COMMITTEE OF CHOICE

In order to insure the widest possible participation in the H.D.M.S.'s affairs, I am hereby inviting and urging members who have a particular interest to name the committee on which they would like to serve. Needless to say, the effectiveness of a committee is in direct proportion to the interest and concern of its members.

In the forepart of the *Hippocrat* is a complete listing of the Society's committees. Simply by dropping a note or calling the H.D.M.S. office at 1414 State St., Springfield, Mass. 01109, your interest and preference will be given most serious consideration for appointment. Moreover, you will be rendering a distinct service to your profession, your community, and your Society.

Committee work is the heart of any organization. I urge you to let us know where you wish to apply your talents and energies.

Robert N. LaMarche M.D.

Robert N. LaMarche, M.D.
Vice President and President-Elect

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Chief of Cardiology Division
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ROMAN DeSANCTIS, M.D.
Associate Clinical Professor of Medicine
Harvard University

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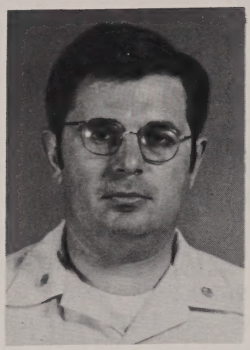
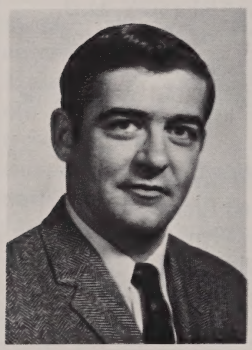
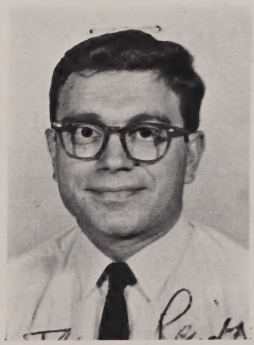


Michael Jay Levine, M.D. – Westover A.F.B., Chicopee Falls, Mass.; Born: Dec. 4, 1938; Medical School: Chicago Medical School, 1964; Internship: Philadelphia General Hospital, 1964-1965; Residency: Kings County Hospital, Brooklyn, N.Y., 1965-1968, Bronx Municipal Hospital, Bronx, N.Y., 1968-1971; Specialty: Surgery.



James Henry Mahoney, M.D. – 115 Suffolk St., Holyoke, Mass.; Born: November 11, 1938; Medical School: Georgetown University School of Medicine, 1964; Internship: Albany Medical Center, 1964-1965; Residency: D.C. General Hospital, Georgetown, 1965-1966, Albany Medical Center, 1966-1969; Specialty: Internal Medicine.



James Henry Reiss, M.D. – 39 Mulberry St., Springfield, Mass.; Born: July 26, 1938; Medical School: Harvard University Medical School, 1962; Internship: Boston City Hospital, 1962-1963; Residency: Albert Einstein College of Medicine, N.Y., 1963-1968; Specialty: Neuro-surgery.

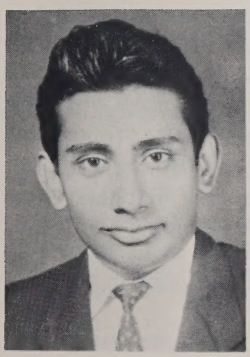
Ernest A. Byron, Jr.

* * * * * *

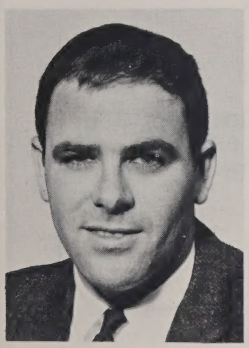
SPRINGFIELD

NEW MEMBERS

Anthony Andrew Rizzo, M.D. — 130 Maple St., Springfield, Mass.; Born: June 1, 1938; Medical School: New York Medical College, 1964; Internship: University of Minnesota, 1964-1965; Residency: State University of New York, Downstate Medical Center, 1968-1971; Specialty: Orthopedic surgery.



Gulabchand Khimchand Shah, M.D. — Providence Hospital, Holyoke, Mass.; Born: May 13, 1939; Medical School: Topiwala National Medical College, Bombay, India, 1963; Internship: B.Y.L. Nair Hospital, Bombay, 1962-1963, McKeesport Hospital, McKeesport, Pa., 1963-1964; Residency: N.Y. University, Bellevue Hospital, New York, 1964-1967, Children's Hospital, Boston, 1968-1969; Specialty: Radiology.



Edward I. Sweet, M.D. — 780 Chestnut St., Springfield, Mass.; Born: July 24, 1938; Medical School: Tufts University School of Medicine, 1964; Internship: University of Florida Teaching Hospital-Clinics, 1964-1965; Residency: Yale Medical Center, 1965-1966; Specialty: Radiology.

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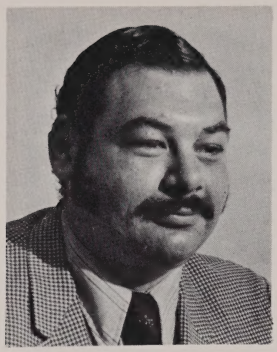
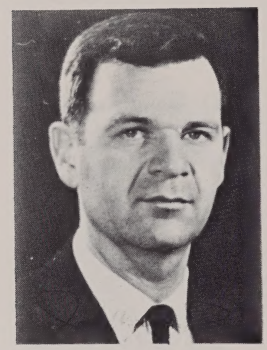


Abraham Traub, M.D. – 67 Mulberry St., Springfield, Mass.; Born: April 5, 1937; Medical School: State University of New York, Downstate Medical Center, 1962; Internship: Kings County Medical Center, N.Y., 1962-1963; Residency: Veterans Administration Hospital, Brooklyn, N.Y., 1965-1969, St. Vincent Hospital, Toledo, Ohio, 1969-1971; Specialty: Plastic and Reconstructive Surgery.



John Waldman, M.D. – Holyoke Hospital, 575 Beech St., Holyoke, Mass.; Born: July 17, 1932; Medical School: University of Basel, Switzerland, 1962; Internship: Middlesex Memorial Hospital, Middletown, Conn., 1963-1964; Residency: Hospital of St. Raphael, New Haven, Conn., 1964-1968; Specialty: Pathology.

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To use Peer Review to improve the quality of care – not just for purposes of cost control.

To concern itself with both the under- and over-utilization of available health resources in the care and treatment of patients.

To cooperate with voluntary health plans and the health insurance industry in the development and periodic upgrading of coverage ultimately to provide truly comprehensive health insurance for all the people of Hartford County.

To guarantee free choice of physician.

To protect established patient-physician relationships and promote the preservation of the constructive features of free enterprise in the practice of modern medicine, insofar as this is possible.

To work with community interests and hospitals in establishing criteria towards the common goal of high standards of medical care at a cost which is supportable.

ADMINISTRATION

The business, property and affairs of the Hartford County Health Care Plan shall be managed by a Board of Directors. The original Board of 18 directors as appointed by a special steering committee includes 14 physicians, each with the right to vote, serving staggered terms of four years. A representative of the health insurance industry and the Executive Director of the Hartford County Medical Association will also serve on the Board for periods of one year. Later others representing organized labor,

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management, prepaid voluntary health plans, the hospitals and the consumer will also be added.

Officers of the corporation shall consist of a President, a Vice-President, a Secretary and a Treasurer.

MEMBERSHIP

Any physician who is a member in good standing of the Hartford County Medical Association, is eligible to submit written application for membership in the Hartford County Health Care Plan. Upon favorable action thereon, said Health Care Plan membership shall be continued at the pleasure of the Board of Directors.

Membership in the Health Care Plan is voluntary and does not affect the physician's affiliation with the Hartford County Medical Association or his right to engage in the practice of the healing arts. However, it is contingent upon continued membership in HCMA.

Each member of the Health Care Plan shall have one vote on or in respect to any matter on which members of the corporation have the right to vote under the terms of the Articles of Incorporation, the Bylaws, or any applicable statute or rule of law. Meetings of the membership will be held annually (or at the call of the Board, or by petition of the members.)

Dues for membership in the Health Care Plan are not contemplated.

AWARD COMMITTEE

The Dr. Donald A. Forbes Memorial Committee, which was organized to receive memorial contributions following the death of the well-known Springfield obstetrician and gynecologist on November 7, 1971, has determined that an award for outstanding accomplishment be established. Dr. Forbes served his internship at The Springfield Hospital Medical Center and his residency at Wesson Women's Hospital; moreover, he was associated with Dr. Pahl and Dr. David E. Booker, with offices at 780 Chestnut Street in Springfield.

This annual award presentation, while based on a wide range of accomplishments in the field of obstetrics and gynecology, will place emphasis on medical education.

Any physician associated with Wesson Women's Hospital, where Dr. Forbes was a member of the medical staff and infection control officer at the time of his death, will be considered eligible to submit entries.

Dr. Irwin R. Pahl is chairman of the memorial committee, and other members are Dr. Louis C. Clarke, Jr., Dr. John J. Zadworny, Dr. Stephen J. Zwirek, chief of obstetrics and gynecology at Wesson Women's, and Mrs. Forbes.

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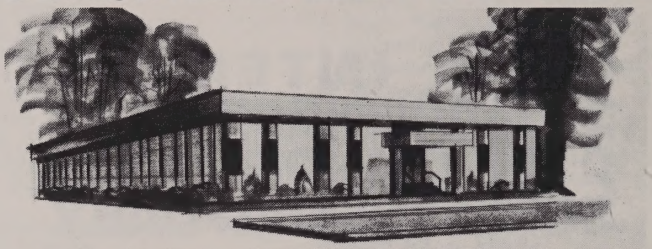

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